

**State of Nevada**  
**Aging and Disability Services Division**

Notice of Funding Opportunity

**COVID-19 Vaccine Outreach and Assistance**

Application Due: 11/12/2021

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## State of Nevada

### Aging and Disability Services Division

<b>Funding Opportunity Title:</b>	COVID-19 Vaccine Outreach and Assistance
<b>Project Period:</b>	Dec. 1, 2021 – Sep. 30, 2022
<b>Budget Period:</b>	Dec. 1, 2021 – Sep. 30, 2022
<b>Due Date for Applications:</b>	November 12, 2021

## Funding Opportunity Description

### Background

The Aging and Disability Services Division (ADSD) is seeking partner organizations to assist older adults, people with disabilities, family caregivers and those supporting these individuals in obtaining the COVID-19 Vaccine and/or the COVID-19 Vaccine Booster. This funding opportunity is in line with the ADSD mission:

*To ensure the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent, meaningful and dignified lives.*

Since 2020, the COVID-19 virus has fundamentally changed the way we live and access services. This pandemic continues to impact daily lives and has a particular impact on older adults, people with disabilities, and family caregivers. Based on provisional data from the Centers for Disease Control (CDC), the virus was the 3<sup>rd</sup> leading cause of death in the United States in 2020<sup>1</sup>. While vaccines are now widely available throughout Nevada, only approximately 53% of the population (age 12 and older) are fully vaccinated.

The Aging and Disability Services Division has received funding from the Centers for Disease Control, through the Administration for Community Living and from the Nevada Division of Public and Behavioral Health to provide outreach, education and assistance to the populations we serve in an effort to increase vaccination rates. The goal of this funding is to promote innovation and increase vaccination rates throughout Nevada, with a specific focus on areas with low rates of vaccinations. This funding can also be used to target underserved populations as well as support workers who serve older adults, people with disabilities, and family caregivers.

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<sup>1</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7014e1.htm>

## Current Challenges

This Notice of Funding Opportunity serves to address the following challenges:

- Vaccine hesitancy due to personal, health or other such reasons.
- Vaccine misinformation shared through various media platforms including social media sites and other untrusted, biased sources.
- Access to vaccines due to a lack of transportation, healthcare capacity or other challenges.
- Completion of full vaccine regimens, now also including completion of boosters.

While there are many different approaches being implemented in Nevada to increase the number of people who are fully vaccinated, the challenges to older adults, people with disabilities, and family caregivers can be overcome through targeted and specialized services.

## Funding Description

Funding for this opportunity comes from a variety of sources including:

- Administration for Community Living
- NV Division of Public and Behavioral Health – CDC COVID Funds

ADSD has approximately \$820,000 for projects to be funded throughout Nevada. Final funding allocations will be determined based on application scores, number of applications approved, and regional coverage in Nevada.

## Eligible Applicants

Non-profits, public agencies, and for-profit businesses may apply if interested in providing services outlined in this funding opportunity.

All applicants must be in good standing with the State of Nevada and the Federal Government. If an applicant has not responded to any audit finding from the Aging and Disability Services Division (ADSD) or the Department of Health and Human Services, their application may not be considered for funding.

## Applicant Assistance

The Nevada Grants Office is available to provide pre-award assistance to applicants including but not limited to application project management and application reviews. More information about their services and contact information is available at: <http://grant.nv.gov/>.

## Award Information

This funding opportunity is to support COVID-19 Vaccines for:

- Older Adults
- People with Disabilities
- Family Caregivers
- Service Providers of these Populations

Applicants can submit one application for projects that may include outreach activities, education activities, and/or assistance activities. Projects may focus on one or all three of these aspects to increase vaccinations among the target populations.

### Subrecipient Responsibilities

Applications will be evaluated, in part, on the applicants' stated plan of action and how their project will increase the number of people who are fully vaccinated as a result of the project. The subaward is an agreement between the applicant and the Aging and Disability Services Division (ADSD).

The subaward recipient agrees to the responsibilities outlined below:

- *ADSD General Service Specifications* provide program standards for all funded programs, unless noted as exempt in the Notice of Subaward (NOSA):  
<http://adsd.nv.gov/uploadedFiles/adsdnv.gov/content/Programs/Grant/ServSpecs/GeneralServiceSpecifications-AllSubawardsFY21.pdf>
- *Requirements and Procedures for Grant Programs (RPGPs)* are statements of ADSD policy that ensure fiscal compliance with statutes, regulations, and/or rules:  
<http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/FiscalRequirements.pdf>
- *Reporting Schedule* includes monthly Requests for Reimbursement and Quarterly Programmatic Reports. Other reports may be required depending on the service category:  
<https://adsd.nv.gov/Programs/Grant/Reporting/Instructions/>
  - All programs are required to report client demographic and monthly program service data as defined by ADSD.
  - Programs that utilize volunteers must maintain insurance, including, but not limited to worker's compensation insurance for those individuals. With proper paperwork, ADSD can include volunteers of funded programs in the state's workers compensation coverage at no cost to the subrecipient. Insurance requirements are listed in the General Service Specifications (Appendix B) at <http://adsd.nv.gov/uploadedFiles/adsdnv.gov/content/Programs/Grant/ServSpecs/GeneralServiceSpecifications.pdf>.
  - Failure to comply with reporting requirements can place a subrecipient's funding in jeopardy.
- Programs awarded funding must provide any requested revisions to ADSD by the date listed in the funding announcement. A NOSA cannot be issued without requested revisions.
- The application and NOSA must be signed by the head of the agency. ADSD must have a letter on file authorizing the signer if it is not the head of the non-profit board, for-profit agency, or public entity, depending on the type of organization.
- The Request for Reimbursement (RFR) form must be submitted in accordance with the Reporting Schedule, including all required backup documentation.

- All subrecipients must be registered with the State of Nevada and must have a vendor number. Vendor Registration Forms are available at <http://controller.nv.gov>.
- If a subrecipient address changes, the subrecipient must submit a Vendor Information Update and/or Additional Remittance Form to the State's Controller's office. ADSD must be notified of address changes to avoid any delay in receiving funds.
- All subrecipients must have a Dun & Bradstreet Data Universal Numbering System (DUNS) number: <https://www.dnb.com/duns-number.html>
- All subrecipients must have an Employer Identification Number (EIN) or Federal Tax Identification Number.

ADSD staff agrees to the responsibilities outlined below:

- ADSD team members will provide reporting instructions to all subrecipients.
- All subrecipients will be assigned a Project Specialist who is available to aid with aspects of subaward management, service-specific technical assistance, and program development. Fiscal Auditors are available to address questions regarding fiscal matters.
- The assigned Project Specialist will contact subrecipients regarding requested revisions before a Notice of Subaward (NOSA) can be issued.
- NOSAs will be distributed to funded programs as soon as possible pending receipt of requested revisions.
  - The Request for Reimbursement file will be distributed with the NOSA. Reimbursement requests can be submitted monthly or quarterly.
- Programs will be assessed to evaluate fiscal accountability, progress towards achieving program goals, objectives, projected outcomes, client satisfaction, and adherence to all regulations, statutes, and/or rules. Programmatic and fiscal monitoring will be scheduled in accordance with Department of Health and Human Services (DHHS) policies.

### Cost Sharing or Matching

Matching funds are not required for these subawards.

### Division Contacts

General program/service questions and technical assistance on the required forms, beyond instructions provided in this document, can be directed to ADSD Grants Management at [ADSDGrants@adsd.nv.gov](mailto:ADSDGrants@adsd.nv.gov).

### Application Forms and Submission Information

Three (3) files are to be used when completing the subaward application. The submitted PDF application must have all elements of these files included:

1. MS Excel File: ADSD Subaward Application – Vaccine FY22 Part 1
2. MS Word File: ADSD Subaward Application – Vaccine FY22 Part 2
3. PDF File: DHHS Subrecipient Questionnaire

- Additionally, applicants must submit attachments as request within the [Application Checklist](#). Attachments are categorized by “mandatory,” “optional” or “if applicable.”

**Deadline:** Friday, November 12, 2021 (by 11:59 pm, PST)

- Applications must be emailed to [ADSDGrants@adsd.nv.gov](mailto:ADSDGrants@adsd.nv.gov) AND [cpasquale@adsd.nv.gov](mailto:cpasquale@adsd.nv.gov).

## Application Review Information

### Application Screening

- Each application will undergo an initial review for completeness and adherence to instructions. Applications that do not meet all requirements will not be accepted for funding consideration.
- Rejected applicants may appeal this decision, in writing, to the ADSD Administrator in Carson City. The request for review must be received within five working days from the notification of non-acceptance.
- The Administrator, or designee, will notify the applicant of the Administrator’s decision, in writing, within ten working days of receiving the applicant’s appeal.
- The Administrator’s decision is final. There will be no additional appeal process.

### Review and Selection Process

After application screening, the ADSD staff will review all applications for this service and make initial funding recommendations based on scoring criteria in the following section.

Funding decisions will be made by the Administrator based on application scores, funding availability and regional allocations. Reporting and compliance history of previous or current subrecipients will also be considered.

ADSD may negotiate with or seek additional information from applicants before decisions are made.

The Administrator’s decision is final.

### Scoring Criteria

Application scoring will be based on the following matrix, considering the applicants responses from all required application elements. The total possible score for applications is 55 points.

#### **1. Project Relevance and Current Need (up to 10 points).**

- The applicant describes current challenges facing the target populations in becoming fully vaccinated.
- The service area, priority populations and current efforts are well defined.
- The applicant identifies gaps in services and unmet needs that will be addressed by this project.

## **2. Capacity and Approach (15 points).**

- The applicant clearly describes the proposed project, including specific activities and anticipated challenges.
- The project directly ties to existing COVID-19 vaccine challenges and demonstrates how the organization will increase vaccinations among the target population.
- The applicant demonstrates their ability to complete the proposed project.
- The applicant identifies key staff and other resources that will have a key role in completing this project.

## **3. Cost Effectiveness and Sustainability (15 points)**

- The project budget is reasonable and accurate.
- There are other funding sources identified to help support the project.
- The project has a clearly stated plan to end within the stated project period.
- The applicant identifies ways this project will partner with Immunize Nevada and other leading partners.

## **4. Project Impact (10 points).**

- The project goals and objectives are well-defined and relevant to increase COVID-19 vaccines among older adults, people with disabilities and those that support them.
- The applicant has clearly defined partnerships and roles of partners in this project. Letters of commitment are included with the application.
- The applicant identifies outcomes and outputs for this project.

## **5. Adherence to application instructions and accurate completion of forms (5 points).**

- Applicant followed the instructions and completed the required forms/sections accurately.
- Responses are detailed and concise.

### **Anticipated Announcement Award Date**

Subaward decisions will be announced via email upon final funding decisions. Requested application revisions must be received and approved by ADSD timely in order to issue a Notice of Subaward.

Notices of Subawards will be distributed upon receipt of requested subrecipient revisions, as applicable.

### **Subrecipient Training**

ADSD will make training available to all subrecipients. This training will include the Request for Reimbursement process and other reporting requirements.

## Form Instructions

### Application Format

The application **MUST** conform to the following requirements in order to be considered for funding:

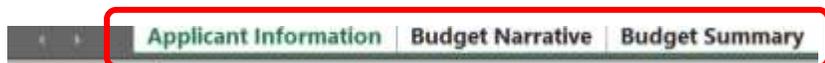
- Applications must be computer-generated.
- The application must be concise. Do not include cover sheets, cover letters, unsolicited attachments or application instruction pages, as they will be included in the page limit. Specific page limits are listed next to page names below. **If no page limit is listed, the document is one (1) page.**
- Applications are expected to be free of spelling and grammatical errors.
- Use black, 12-point Arial font in the application's Word file. In the Excel file, use the pre-set font settings.
- The application must be submitted on Division forms. The application must be the ADSD Competitive Subaward Application – Vaccine, FY22 version (as shown in the application's footer).
- Submitted applications must be on white, 8 ½ x 11 size paper, assembled according to the instructions on the [Application Checklist](#) and saved as a PDF document. Applicants who are not able to submit one file may follow the instructions on the [Application Checklist](#) to submit the application in sections.

### Form Instructions

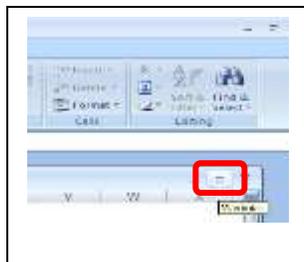
The **Excel** file contains the following forms, in order:

- Applicant Information
- Budget Narrative, 10-page limit
- Budget Summary

To access each form in Excel, click on the corresponding tab at the bottom of the page/workbook as shown here:



If you do not see the tabs at the bottom of the page, maximize the screen by clicking the button on the right side of the screen, as shown here:



**PLEASE NOTE:** Do not utilize multiple copies of the Excel file to create your application; there are formulas that carry from page-to-page. For best results, complete each tab of the workbook in order. Additionally, do not paste information from past applications, as it might cause problems with the formulas. This will ensure that invalid error messages are not shown on the application and linked boxes will have a value.

The **Word** file contains the following forms, in order:

- Project Narrative, up to 5-page limit
- Organizational Standards and Applicant Questionnaire, 3-page limit
- Goals and Objectives, 3-page limit

The **Subrecipient Questionnaire** (PDF file) is pre-set at 6 pages. Provide an answer to each question.

### Excel File Instructions

#### APPLICANT INFORMATION

Box #	Instructions
1	Check the box next to the type of application. If the application is for a subaward that is currently funded by ADSD, enter the award number, which can be found on the NOSA as the Agency Ref # in the top right corner.
2	No action required. The amount requested will auto-fill once the Budget Narrative is complete.
3	Select the agency's organization type.
4	Enter Subrecipient and Program information, as requested on the form. Complete both sections. <i>Subrecipients</i> are entities that are responsible for the funds awarded. Additional information on Subrecipients (grantees) is in <u>RPGPs</u> . <i>Programs</i> are entities that provide service delivery under the subaward. The subrecipient contact and program director must not be the same person for accountability purposes. <b>For non-profit organizations, the Subrecipient contact must be the President of the Board of Directors, even if another person has been delegated as an authorized signatory.</b> Enter the agency's State Vendor number, if one exists, and the address associated with the number if it is different than the Subrecipient address. Enter the agency's Employer Identification Number (EIN) or Federal Tax Identification Number. Enter the agency's Data Universal Numbering System (DUNS) Number. All DUNS numbers are 9 digits. To request, look-up or make changes to a DUNS number, go to <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> .
5	No action required. The funding source has been pre-entered.
6	No action required. The service has been pre-entered.

7	List the program's service area(s) for the proposed service. You may list specific cities and/or towns, or describe a larger area (e.g., 15-mile radius around Winnemucca; Statewide except for Clark County; etc.). If you list a county, and not specific cities and/or towns, the program will be expected to serve the entire county. This also applies to subawards that enter "statewide" in this section without exclusions listed.
8	List the populations that the agency will target for the proposed service. You may list more than one population-type per line, if needed.
9	No action required. The type of subaward has been chosen (categorical).
10	List the components of the proposed service that will be ADSD-funded. You may list more than one component per line, if needed.
11	Read the statement. Enter the name and title of the agency's authorized representative. Once the authorized representative has reviewed the completed application package, he/she will sign and date the Applicant Information form. By signing the forms, the representative is stating that he/she has approval from the Subrecipient to sign the forms and verified accuracy of the information within the entire application. <i>ADSD must have on file an official letter authorizing the signer if that person is not the head of the nonprofit board, for-profit agency, or public entity, depending on the type of organization.</i>

## BUDGET NARRATIVE

The applicant's name, subaward and service type will auto-fill from information entered on the Applicant Information page.

Describe program expenses requested from ADSD in the budget categories included in the Budget Narrative using the descriptions below as a guide to describe each category of expense. Be sure to provide a detailed response, explain how each expense is related to the proposed project and identify any one-time costs. Provide calculations where requested and follow the examples. Utilize the RPGPs for rules and regulations on allowable expenses.

**THIS TAB IS NOT PROTECTED.** Do not delete formulas. Ensure text in each row is visible; expand rows as needed (go to numbered rows on the left side of worksheet and drag the bottom line of the row down when you see your cursor change to , or right click on the row number and choose Row Height to enter a height). Each section has additional rows that you may unhide to utilize. Contact ADSD if you need assistance.

**PERSONNEL:** Line A: List *program* and *administrative* staff (Name, Title, PCN) that will provide **direct** service under the proposed services and the associated costs to be charged to the subaward, using the column headers as guides. Costs associated with administrative staff providing **indirect** services may only be included in this section in fixed-fee proposals; otherwise, the expenses may be included as part of the indirect/administrative expense percentage at the end of the Budget Narrative. Place an asterisk (\*) beside all new positions. If your agency does not have a Position Control Number (PCN) system, one must be developed to identify each position. Line B, for each position listed: List the fringe benefits provided (FICA,

Medicare, vacation, state industrial insurance, unemployment insurance, etc.). Briefly describe the position's duties as they relate to the funding and program objective.

**TRAVEL/TRAINING:** Identify in-state and out-of-state travel to be completed during the budget period. The red writing must be replaced with actual trip information, such as the name of a conference, location, etc. Complete the trip expenses and enter justification. If multiple trips are proposed, copy and paste another in-state or out-of-state section into the narrative as stated on the form. Utilize <https://www.gsa.gov> for mileage, per diem and lodging. If lodging exceeds the GSA rate, provide an explanation in the Justification section.

If requesting general in-state mileage for operational purposes, enter the cost in the mileage section *below* "In-State Travel," provide an explanation of the cost calculation and the reason for travel.

**OPERATING:** Include SPECIFIC facility and vehicle costs associated with the proposed program (not the agency as a whole), such as rent, maintenance expenses, insurance (split by type), fuel, as well as utilities such as power, water and communications (phone/internet). Also list tangible and expendable personal property such as office supplies, program supplies, necessary software, postage, etc. Provide a calculation for each line.

**EQUIPMENT:** List equipment to purchase or lease, which cost \$5,000 or more (per item), and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. Equipment items that cost less than \$5,000 should be listed under Operating. Justify the need for these items. There is no guarantee that ADSD will have funds available for equipment.

**CONTRACTUAL/CONSULTANT SERVICES:** Explain the need and/or purpose for the contractual and/or consultant service. Identify and justify these costs. Only include costs for which there is a written contract or agreement that can be presented to ADSD, if requested.

**OTHER:** Identify and justify all other expenditures that cannot be identified within another category. These costs may include any relevant expenditure associated with the project. These costs are to be included only if they are associated exclusively with this program. If they are associated with multiple sources of funding, the costs are to be included in Administrative Expenses. Follow the example on the form.

**ADMINISTRATIVE EXPENSES:** Administrative expenses are to be used to help cover expenses that are not easily assignable to a specific program or unit within an organization. These costs are associated with depreciation and use allowances, facility operation and maintenance, general administrative expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. If requested, the expenses are limited to the maximum rate listed, depending on the funding source. Once a funding source is assigned to an approved subaward, the allowable rate will apply, and a budget revision may be required if excess expenses are included. Administrative expenses do not apply to equipment or fixed-fee subawards or portions of subawards. Reference the

Requirements and Procedures for Grant Programs (RPGPs) GR - 20\*. Modified Direct Costs (rate of 10%) must be based upon expenses as outlined within the RPGPs.

## BUDGET SUMMARY

The applicant's name, subaward and service type will auto-fill from information entered on the Applicant Information page.

This page offers a summary of the subaward budget, match and other funding. Information entered into the Budget Narrative tab will populate the *ADSD Funds* column. Applicants will input funding information in the orange cells.

**Matching Funds Requirements:** Match is not required for this funding opportunity.

### Program Income

1. Client service donations may not be used as match but may be solicited for all services. Solicitation must be non-coercive. The donation process must be confidential.
2. Cost sharing means contributions made to a program based on a sliding-fee scale. The Division's Cost Sharing Policy can be found on pages 73-75 of the RPGPs: <http://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/FiscalRequirements.pdf>.

## Word File Instructions

### PROJECT NARRATIVE

Provide detailed and concise responses to each section of the project narrative using guidance below and throughout this document.

#### **A. Problem Statement**

Describe the current challenges related to the COVID-19 vaccine in the proposed service area. Include information on previous efforts by the applicant or partners in the area and challenges faced in those previous efforts. Include information regarding the organization's existing efforts (if any) in this service area related to the COVID-19 vaccine.

Describe the target population this project will focus on. Identify gaps in services, unmet needs, or other challenges facing the target population in your area. Describe current efforts and challenges in reaching underserved populations, including individuals in rural areas, minority populations, and other priority populations.

#### **B. Proposed Intervention**

Describe clearly and concisely, how your organization plans to meet the requirements of this funding opportunity. Include a description of specific activities planned, any anticipated challenges and how the organization plans to overcome these challenges. Include any

anticipated technical assistance needs. Describe how your proposed project will increase vaccinations of the target populations.

Describe your organization's capability to complete the proposed project. Include past experiences or anticipated increased capacity because of this funding. Describe the specific responsibilities of key staff under this service, the facilities, and other resources in place to support this service. Resumes or CV vitae may be included as attachments to the application for key staff whose responsibilities are described. These documents do not count towards the application page limit

**C. Cost Effectiveness and Sustainability**

Describe resources outside ADSD funding to be used to support this service. How will these resources be used to expand capacity? Include a description of other sources of funding and how they will enhance the proposed project.

Describe other efforts to deliver this service efficiently, including but not limited to volunteer services. Provide information about any contractual organization(s) that will have a significant role in implementing and achieving outcomes.

**D. Objectives and Outcomes**

Describe the key objectives of this project and the anticipated outcomes. What are the overarching goals of the project and the intended benefits? What increase in vaccination is expected through the proposed project. Identify expected outputs as a result of this project.

Identify key partnerships and describe in detail how they will help the organization increase capacity. Include partnerships with government entities, as well as other community partners that will help serve the specified population. Letters of Commitment can be attached and do not count towards the application page limit.

Page Limit: 5 pages.

**ORGANIZATIONAL STANDARDS and APPLICANT QUESTIONNAIRE**

Read the form and respond accordingly.

On question 3, choose the organizational structure of the agency and identify the governing body or ownership as applicable to the selection. Non-profit agencies must verify information for their board of directors.

If the program will use volunteers, please review required insurance information in [Subrecipient Responsibilities](#).

Page Limit: 3 pages.

## GOALS AND OBJECTIVES

Describe the top two goals and related major objectives, activities, due dates, staff responsibilities and documentation for this project. Multiple objectives may be included within a row if there are not enough rows to meet your needs. Goal 3 has been added by ADSD for completion by the applicant; additional objectives and activities may be added to Goal 3 if they fit under the Quality Improvement and Effectiveness category. Information from this section may be directly added to the NOSA Scope of Work at ADSD's discretion.

Within each of the yellow lines, there is a field that will allow you to press Enter/Return to add spaces for formatting purposes, i.e., to move a goal onto its own page, if desired.

Page Limit: 3 pages.

## Application Checklist

If you are submitting one PDF file (preferred), assemble the application in the order shown below. You may also submit a PDF for each of the three files (Part 1, Part 2, Subrecipient Questionnaire) and the attachments.

Review the Scoring Criteria (pages 6-7) to ensure completeness of your application before submitting.

If any of the following items are incomplete or missing, the application will be rejected:

- Applicant Information (Excel Document)
- Budget Narrative (Excel Document)
- Budget Summary (Excel Document)
- Project Narrative (Word Document)
- Organizational Standards and Applicant Questionnaire (Word Document)
- Goals and Objectives (Word Document)
- Subrecipient Questionnaire (PDF Document)

Attachments – If included, will not count towards page limit.

- Resumes and Letters of Commitment (*optional for all services*)
- Contracts or Memorandums of Understanding (*if applicable to the program/service*)
- Official letter authorizing a person other than the head of the nonprofit board, for-profit agency, or public entity (depending on the type of organization) to sign the application and/or subaward documents (*if applicable*).